

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: AC Appraisal Inc
BUSINESS STREET ADDRESS: 12765 SW 34 PL DAVIE ZIP 33330
BUSINESS MAILING ADDRESS: SAME ZIP _____
BUSINESS PHONE: 954-382-9665
DESCRIBE TYPE OF BUSINESS: REAL ESTATE APPRAISAL
BUSINESS IS: Corporation ☒ Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Anthony Cuccerello</u>	<u>12765 SW 34 PL</u>	<u>DAVIE 33330</u>	<u>954-382-9665</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 02, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Anthony Cuccerello
Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

Office Use Only: Date <u>10/21/02</u> Category <u>15603</u> Fee Exempt per Sec. 13-13 _____ Fee <u>121.20</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____
License # <u>03-17563</u> Control # <u>14495</u> Zoning <u>R-1</u>
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ Zoning Approval <u>[Signature]</u> (KAPOK Vill Estates) Date <u>10/25/02</u>
Town Council Date _____ Approved _____ Denied _____
Tabled To _____ Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

8/00 phone mail only OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION